



RECREATION & PARKS DEPARTMENT

Scholarship Program

The City of Sandy Springs Recreation & Parks Department offers a variety of quality programs which support the interests, skills and passions of the community.

The Recreation and Parks Department is currently offering scholarships to participant's ages 4–17 made available through a grant provided by various organizations and distributed through the non-profit Friends of Sandy Springs.

The scholarship program is awarded on a first come first served basis and is only awarded once per calendar year per participant.

Request must be submitted with proof of residency and a letter from the school's cafeteria proving that the participant receives free/reduced lunch. Participants who don't receive free/reduced lunch through their school will be evaluated on a case by case basis and can only be approved by the department director.

The scholarship **deadline** varies according to the program. Please check the program registration information prior to submitting your request.

Requirements:

1. Participants must live or go to school in Sandy Springs.
2. Participants must be on free or reduced lunch program.

Programs:

YOUTH BASKETBALL • YOUTH GYMNASTICS • YOUTH SOCCER • YOUTH BASEBALL •
YOUTH SOFTBALL • YOUTH TENNIS • YOUTH DRAMA • YOUTH SUMMER CAMP •
YOUTH FOOTBALL

Limited spaces are available for designated programs. If you would like to be considered for a scholarship, please complete the scholarship request form and return it along with your proof of residency and proof of your child's free lunch status to:

Sandy Springs Recreation & Parks Department
705 Hammond Drive
Sandy Springs, GA 30328



RECREATION & PARKS DEPARTMENT
Scholarship Request Form

I live in the city limit of Sandy Springs ☐ Yes ☐ No

I live outside Sandy Springs but my child attends a Fulton county school within the Sandy Springs city limits ☐ Yes ☐ No

Does your child receive free or reduced lunch ☐ Yes ☐ No

Childs Name: _____ Grade: _____

Parents Name: _____ Phone #: _____

Address: _____

City: _____ Zip Code: _____

Age: _____ Date of Birth: _____ School: _____

Persons living outside and not attending a public school within the city limits of Sandy Springs are not eligible.

List program that you would like your child to participate in.

Program Name	Program Date(s)	Program Times	Program Fee

***Completion of this form doesn't guarantee approval.

I acknowledge that the information provided is true to the best of my knowledge.

Parent or Guardian's Signature

Date

For office use only

Approved by: _____

Date: _____